

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing  <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	PA1447US
	<b>First Named Inventor</b>	Peter Flake, et al.
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	unknown
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	unknown
	<b>Examiner Name</b>	unknown

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Mixed Language Simulator

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/173,862 60/196,225	12/30/1999 04/10/2000	

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

66

Please type a plus sign (+) inside this box → +

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:



Customer Number  
or Bar Code Label



OR ☐

Correspondence address below

22830

PATENT TRADEMARK OFFICE

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Peter  
(first and middle [if any])

LYNTON.

Family Name Flake  
or Surname

Inventor's  
Signature

P. L. Flake

Date

Residence: City

CAMBERLEY

State SURREY

Country UK

Citizenship

UK

Mailing Address

27 LANGLEY DRIVE

Mailing Address

City CAMBERLEY

State SURREY

ZIP GU15 3TB

Country UK

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Simon  
(first and middle [if any])

JOHN

Family Name Davidmann  
or Surname

Inventor's  
Signature

*[Signature]*

Date

Residence: City

THAME

State OXFORDSHIRE

Country UK

Citizenship

UK

Mailing Address

THE OLD VICARAGE, PRIEST END, THAME

Mailing Address

OXFORDSHIRE, OX9 3AS

City

THAME

State

OXON

ZIP

OX9 3AS

Country

UK

☒ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →



<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Matthew <u>William</u>		Hall	
Inventor's Signature <u>[Signature]</u>		Date <u>21-12-2000</u>	
Residence: City <u>OXFORD</u>	State <u>OXON.</u>	Country <u>U. K.</u>	Citizenship <u>BRITISH</u>
Mailing Address <u>56 APPLETON ROAD, CUMNOR</u>			
Mailing Address			
City <u>OXFORD</u>	State <u>OXON</u>	ZIP <u>OX2 9QH</u>	Country <u>U. K.</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
James <u>BARTHOLOMEW</u>		Kenney	
Inventor's Signature <u>[Signature]</u>		Date <u>21-12-2000</u>	
Residence: City <u>DIDCOT</u>	State <u>OXON</u>	Country <u>U. K.</u>	Citizenship <u>BRITISH</u>
Mailing Address <u>29 NORTH BUSH FURLONG,</u>			
Mailing Address			
City <u>DIDCOT</u>	State <u>OXON</u>	ZIP <u>OX11 9DY</u>	Country <u>U. K.</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.